

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER TO INSPECT/COPY		Docket Number (Optional) PA-5281						
<table border="1"> <tr> <td colspan="2">In re Application of Kieran P.J. Murphy, M.D.</td> </tr> <tr> <td>Application Number 09/594,685</td> <td>Filed June 15, 2000</td> </tr> <tr> <td>Group Art Unit 3731</td> <td>Examiner</td> </tr> </table>			In re Application of Kieran P.J. Murphy, M.D.		Application Number 09/594,685	Filed June 15, 2000	Group Art Unit 3731	Examiner
In re Application of Kieran P.J. Murphy, M.D.								
Application Number 09/594,685	Filed June 15, 2000							
Group Art Unit 3731	Examiner							
Power to inspect 3/2/01. J. Martinez Line #4								
Paper No. _____								
Assistant Commissioner for Patents Washington, DC 20231								
Please permit the following person(s) to inspect and make copies of the above identified application: <hr/> Christina Mraz, Wayne Croteau, Doreen Watson <hr/>								
I am an: <input type="checkbox"/> Applicant. <input type="checkbox"/> Authorized official of the assignee of record. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached. <input checked="" type="checkbox"/> Attorney or agent of record Registration No. <u>28,453</u> . <input type="checkbox"/> Attorney or agent Registration No. _____ named in the application papers filed under 37 CFR 1.53, 1.494, or 1.495 (37 CFR 1.63 or 1.497 oath or declaration not filed).  <u>Anton P. Ness</u> Typed or printed name								
Title (Officer of company or corporate assignee) <hr/> Name of Assignee, if any (e.g., company name) <hr/>								
<table border="1"> <tr> <td>FOR PTO USE ONLY</td> </tr> <tr> <td>Approved by: _____ (initials)</td> </tr> <tr> <td>Unit: _____</td> </tr> </table>			FOR PTO USE ONLY	Approved by: _____ (initials)	Unit: _____			
FOR PTO USE ONLY								
Approved by: _____ (initials)								
Unit: _____								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.